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To:	Company:	Fax Number:	Tel Number:
Examiner: Christopher A. Revak Art Unit: 2131	U.S. Patent and Trademark Office	+1.571.273.8300	+1.571.272.3794

From: Troy M. Schmclzer

Date: July 10, 2006

Time: 12:30 pm

Total number of pages incl. cover page: 14

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(return to Juanita Soberanis)

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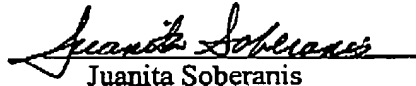
RE: U.S. Patent Application Serial No.: 10/057,111; Our Ref. 81800.0180

I hereby certify that the following documents:

- ☒ Request for Continued Examination (RCE)
- ☒ Petition for Extension of Time.
- ☒ Amendment/Amendment Transmittal.

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, for filing in the above application.

July 10, 2006
Date of Deposit


Juanita Soberanis

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VLLA - 815000180 - 268006 v1

FORM PTO-1083

PATENT
Attorney Docket No. 81800.0180
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUL 10 2006

In re application of:

Yoshifumi TANIMOTO

Serial No: 10/057,111

Confirmation No: 1396

Filed: January 23, 2002

For: Method of Transmitting Email, Device for
Implementing Same Method, and Storing
Medium Storing Program for Transmitting
Email

Art Unit: 2131

Examiner: Revak, Christopher A.

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

July 10, 2006

Date of Deposit

Juanita Soberanis

Name

Signature *Juanita Soberanis* 7/10/2006

Signature

Date

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Request for Continued Examination (RCE).
☒ Petition for Extension of Time.
☒ Amendment.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-20	20	**	0	LG=\$50 SM=\$25 \$ 0
INDEPENDENT CLAIMS FEE	3	-3	3	***	0	LG=\$200 SM=\$100 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	
Independent Claims: 1, 9 and 15					TOTAL \$ 0	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$___ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the amount of \$120 to cover the one-month extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge \$790 for the RCE fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: July 10, 2006

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